•								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO										:			
Effective October 1, 2003								10/765/06					
CLAIMS AS FILED - PART I								L E	NTITY		OTHER	THAN	
(Column 1) (Column 2)							TYPE			OR			
TOTAL CLAIMS			·				RA	ΓΕ	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		• 0		xs	9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		B		. X43	}=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT '							+14	5=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							LL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	ė	NUME PREVIO PAID F	BER	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	·X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***	CL AIRA	=	X43	=		OR	X86=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	=	-	OR	+290=		
								TAL			TOTAL		
(Column 1) (Column 2) (Column 3)								EE		10	ADDIT. FEE		
AMENDMENT B	CLAIMS			. HIGHEST					ADDI-	1 1		ADDI-	
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RAT	E	TIONAL		RATE	TIONAL	
	Total	* .	Minus	##		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X43:			OR	X86=		
	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	· · · · ·				
								_		OR	+290=	•	
								AL EE	•	OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									. •				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9:			OR	X\$18=		
	Independent	*	Minus	***		=	X43=	+			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR	700=		
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. **TOTAL											+290=		
**	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is 1 ss than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								· .	OR	TOTAL DDIT. FEE		
J	r tne "Highest Nur The "Highest Num	nber Previously Pa ber Previously Paid	id For" IN THIS I For" (Total or	S SPACE is Independer	less than nt) is the	n 3, enter "3." highest number fo	ADDIT. FI ound in th		opriate box				
								•		•	•		